



MONTESSORI OF PLAINFIELD

23616 WEST MAIN STREET

PLAINFIELD, IL 60544

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www.montessoriofplainfield.net

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PERMISSION FORM

Name of Child: _____ Date : _____

I give my permission for my child to go on field trips conducted by the Montessori of Plainfield.

Signature

I give my permission for my child to be photographed for publicity purposes.

Signature

I give my permission for my child to be given emergency first aid treatment.

Signature

I give my permission for my child to be taken to the hospital in case of emergency.

Signature

Father's Name: _____ Employer: _____

Phone: _____ Working Hours: _____

Mother's Name: _____ Employer: _____

Phone: _____ Working Hours: _____